

**MODEL STATE PLAN  
FOR VOCATIONAL REHABILITATION SERVICES  
TO PERSONS WHO ARE  
DEAF, LATE DEAFENED, OR HARD OF HEARING  
(SOUTH CAROLINA VR STRATEGIC PLAN)**

BY,  
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**Model State Plan  
for  
Vocational Rehabilitation Services  
to  
Persons who are Deaf, Late Deafened, or Hard of Hearing  
(South Carolina VR Strategic Plan)**

**Problem Statement**

According to the “Model State Plan for Vocational Rehabilitation Services to Persons who are Deaf, Deaf-Blind, Hard of Hearing, or Late Deafened (2008)”, there is a growing awareness that consumers who are hard of hearing and late deafened have very different communication, psychosocial and employment service needs from those who are culturally deaf, and that there is a need to develop specialized staff and services for those populations. (University of Arkansas RRTC/CSAVR Committee, Model State Plan for Vocational Rehabilitation Services to Persons who are Deaf, Deaf-Blind, Hard of Hearing or Late Deafened, p. 2) The South Carolina Vocational Rehabilitation Department (SCVRD) recognizes the need to expand its scope of services along with the need to train staff to recognize and provide services that address the unique needs of each of these populations.

SC Vocational Rehabilitation Dept. (SCVRD) conducted a comprehensive statewide needs assessment in order to develop the State Plan for Fiscal Year 2010. Analysis of clients by disability type was conducted to determine whether SCVRD was equally successful serving all groups and to determine which disability categories required more emphasis. An analysis compared three years of SCVRD employment outcomes by disabilities to the national VR average. The results reveal that SCVRD

employment outcomes for persons with communicative impairments represent approximately 60% of the national average. For this reason, targeted outreach and enhanced service provision will be a focus for this disability group. Among the goals and priorities that the agency has determined are:

- Improve the quality of employment outcomes for eligible individuals with disabilities
- Increase collaboration with other state agencies and entities
- Place a priority on collaborative efforts to address transition services for students with disabilities
- Expand outreach efforts to unserved and underserved individuals with disabilities in South Carolina

State strategies include:

- Counterpart meetings with key agencies
- Greater involvement with disability organizations serving individuals with significant disabilities
- Expand services to the deaf and hard of hearing population by having Rehabilitation Counselors for the Deaf (RCDs) be required to develop three new referral sources in their local office area in the coming SFY.

### **Data Collection**

The goal of the data collection is to obtain the necessary information to facilitate examination of various aspects of the SCVRD Deaf and Hard of Hearing program including program structure, staff roles and skills requirements, needed technology, and needed staff training to best accommodate and serve the diverse populations within the

broad spectrum of hearing impairment. This included:

- Level of Current Services
- Quality of Current Services
- Counselor Assignments
- Counselor Qualifications & Accessibility
- Office Accessibility
- Policy & Practice Compliance
- Consumer Input

Methods used included retrieving 911 data from the agency information technology system, staff interviews and surveys, consumer interviews and surveys, review of client service policy and other available data. These methods were used in order to obtain thorough and balanced information necessary to assess the quantitative and qualitative impact of the program on the needs of the entire spectrum of persons with hearing loss.

### **Operational Terms and Definitions:**

(See Glossary, p. 13)

### **Data Analysis / Key Findings**

The data that was collected was tabulated and organized to show the range of responses. The data results were reviewed by the focus group (VR State Coordinator for the Deaf and Hard of Hearing, Area Case Service Managers and Rehabilitation Counselors for the Deaf), organizing comments into similar categories, and then

identifying patterns, associations, and causal relationships. The purpose was to help identify our assets and to recognize our opportunities for improvement.

***Analysis of Current Counselor Assignments*** – The purpose of this data analysis is to determine if counselors trained and specialized in meeting the unique needs of persons with hearing loss, are indeed serving this population or are they served by general counselors without any training. There are 18 Rehabilitation Counselors for the Deaf (RCD) who serve persons with hearing loss – one RCD in each of the Area Offices. The method used for analyzing this data included utilization of the 911 data (SCVRD internal database). This database was used because it enables the user to capture specific data about VR clients and client demographics (*See Appendix A*).

Data reflect the following:

Deaf (03) - 94% served by RCDs	6% by general counselors
Deaf (04) – 78% served by RCDs	22% by general counselors
<b>Deaf Total – 86% served by RCDs</b>	<b>14% by general counselors</b>
HH (05) – 78% served by RCDs	22% by general counselors
HH (06) – 80% served by RCDs	20% by general counselors
HH (07) – 53% served by RCDs	47% by general counselors
<b>HH Total – 70% served by RCDs</b>	<b>30% by general counselors</b>

Three offices have clerical or other support staff skilled in serving these populations.

***Analysis of Counselor Accessibility*** – A sign language interview assessment (using the SCVR Form 4 - Survey Interview Application) helped determine individual counselor ability to communicate effectively with clients with all levels of hearing loss

and differing modes of communication and knowledge of assistive technology (*See Appendix B*). The methodology used included an assessment (conducted via videophone) in sign language which involved the counselor's expressive and receptive sign language skills and abilities. This methodology was used in order to formulate and tabulate specific feedback in targeted areas. Areas of assessment included Sign Language competency and knowledge of and familiarity with Assistive Technology. Results indicated the following:

#### Sign Language Competency

- 58% No Functional Communication Skills
- 16% Basic Sign Skills
- 27% Good Communication Skills

#### Assistive Technology Knowledge

- 58% Basic Knowledge
- 21% Some Knowledge
- 21% Good Knowledge

*Analysis of Office Accessibility* – Area office staff (i.e. Area Supervisors, Training Center Supervisors and Rehabilitation Counselors for the Deaf) were surveyed to help determine office accessibility to clients with all levels of hearing loss (*See Appendix C*). Office accessibility included counselors' knowledge of the rules of communication, condition of the telecommunications equipment including TTYs/VRS/CapTel, counselors' knowledge of the availability of technology, interview and counseling rooms, level of background noise and other distractions, if the furniture is movable to facilitate the best communication environment, availability of personal

listening systems, interpreters, CART, C-Print used for group or training situations. This method was used in order to obtain an objective assessment of each office and to involve those who are knowledgeable about what is required. Results indicated that the majority of counselors know the rules of communication; telephones are equipped with amplifiers / TTY/ VRS. Office staff knows how to use the available technology; interview rooms are well lit, free from background noise and other distractions, and furniture moveable to facilitate the best communication environment. Interpreters are used for group or training situations. However, findings also show

- Some equipment not working properly
- Some RCDs do not use the equipment
- Some RCDs are not familiar with rules of communication and lack an in depth knowledge of the unique needs of this population

***Individual Case Analysis*** – A sample of 57 cases – one case from each hearing loss disability category – was randomly selected from each of the 18 deaf and hard of hearing caseloads, from fiscal year 2008-2009, to be reviewed. This method was applied in order to assess compliance with specific agency guidelines, policies and procedures, as well as quality of service delivery (***See Appendix D***). Results indicated the following:

- In 77 % of the cases, counselors gathered sufficient information to code cases accurately and consistently to ensure that data retrieval is meaningful
- In 74% of the cases, other disabilities were identified and addressed
- In 95% of the cases, services were provided according to the client's needs
- In 90% of the cases, the clients' total employment situation and needs were assessed and addressed

- In 85% of the cases, the client's communication skills were assessed and accommodated
- In 64% of the cases, the client's ability to benefit from the use of assistive technology was assessed and addressed
- In 69% of the cases, the client's ability to cope with stressors related to the hearing loss was assessed and addressed
- In 96% of the cases, the planned services and employment goals were consistent with the outcome achieved

***Analyses of Policy, Interpretation, and Practice*** --A review of policy and how it is interpreted and implemented in the service delivery process was conducted in order to determine compliance with the Rehabilitation Act of 1973, its amendments, and the Americans with Disabilities Act (*See Appendix E*). Results indicated the following:

- Policy, interpretation and practice are consistent with the rehab law and with similar VR programs in the southeast region
- Policy addresses sign language competency for vendors only, not staff
- Audiologic and hearing aid policies and fees are monitored via central compliance, impact studies, and policy reviews
- CART and C-Print policies and fees are not included in policy as these services are mostly requested in classroom settings and may be obtained through the college's Office of Student Disability Services
- Ongoing training of RCDs is included in the "State Plan"
- Cochlear Implants are addressed in client services policy and does comply with



the intent of the law as applied to individuals with hearing loss

- Cooperative agreements with higher education address interpreters
- Other accommodations such as CART, C-Print, and assistive technology are not included in policy

***Staff Interviews*** – Staff interviews, which included Area Supervisors and Rehabilitation Counselors for the Deaf, were conducted via survey using the Likert Scale (*See Appendix F*). This method was selected in order to obtain and tabulate responses to specific targeted questions dealing with staffing, office accessibility, service provision, staff development and training needs, practices and fees, and policy.

A majority (80.26% - 91.23%) of respondents agree that treatment, services, parity and uniformity in administration of services for Deaf and Hard of Hearing clients are accomplished in serving these populations. Findings show a need for

- ASL training for RCDs and other VR staff who work with the Deaf and hard of hearing
- Educating staff about deafness and Deaf culture
- Educating staff about assistive technology and amplification devices
- Outreach efforts to the deaf and hard of hearing community

***Consumer Input*** -- Consumer input was obtained through survey (*See Appendix G*) and group interview discussions using an interpreter. Members of the local associations of the deaf and the deaf community at large were asked for feedback regarding VR services relating to communication issues, job placement, and customer service. These methodologies was chosen in order to provide an opportunity to bridge

communication barriers and allow deaf consumers to express their concerns in their primary language of ASL (American Sign Language). Deaf consumers noted the following concerns:

- The intake process involves unnecessary steps that are viewed as a waste of time and resources (i.e. hearing evaluation for a deaf person)
- Services are interrupted when the counselor is out sick
- RCDs are unable to communicate effectively in ASL (American Sign Language)
- RCDs need to take ASL classes
- RCDs lack involvement in the deaf community
- Jobs do not necessarily match the skills and abilities of the deaf client
- Jobs don't always have benefits
- Employers lack knowledge about deafness and deaf culture
- Counselors do not always advocate for their deaf consumers when dealing with employers
- Counselors do not participate in "Deaf Awareness Week"
- There's no interpreter available for job fairs to facilitate communication with employers

### **Implementation Plan**

Assessment results indicated both strengths and opportunities for improvement of SCVRD Deaf and Hard of Hearing Services. Four targeted areas surfaced through this study that will be the focus of our strategic efforts. They include *communication access*, *employment*, *timely service delivery*, and *customer perception*. Ultimately, all of these

areas have affected the gradual decline of the number of deaf consumers who seek VR services. The overriding goal of the strategic plan is to reverse this trend by addressing the specific needs of the hearing loss populations indicated in the assessment, and subsequently increase the number of deaf referrals, deaf consumers served, and positive employment outcomes achieved by providing quality services.

In order to accomplish this goal, VR will focus on recruitment of pre-service training programs as well as development of in-service training and human resource development. “Because of the limited number of rehabilitation programs available to provide this type of training, the state vocational rehabilitation agency should utilize a wide array of resources for internal training to assist counselors in developing the necessary competencies to effectively serve this population. This training also provides the opportunity for staff to build on existing skills for continuous quality improvement (MSP, 2008). For this reason, VR will explore all available training options – internal and external, online-distance learning, class-room, and other creative mediums such as the use of deaf mentors, and involvement in deaf community activities, in order to meet the professional development needs of its staff.

## STRATEGIC PLAN

### **Goal #1 – Provide staff development**

#### Objective

- Develop training programs that will produce staff that will provide uniform
- quality services to persons who are deaf and hard of hearing
- Improve sign communication skills and knowledge in assistive technology, deaf culture and related topics

#### Strategies

- Assessment (of sign language skills, assistive technology, and general knowledge of related topics) (SCD – Jan 2010, Dec 2010, Dec 2011)
- Provide Staff Development Training (SCD, Director of Staff Development – Jan 2010 – Dec 2011)
- RCD Involvement in the deaf community – attend meetings, activities (RCDs and SCD, Jan 2010 – ongoing)
- Collect and make available to deaf and hard of hearing clients information regarding community resources (Jan 2010 – ongoing)

### **Goal #2 – Improve positive perception of VR in the Deaf community**

#### Objectives

- Improve outreach efforts to the deaf community in order to increase referral development
- Improve Integrated Service Delivery and use of Informed Choice

#### Strategies

- Improve RCDs' involvement in the deaf community by attending deaf meetings and activities (RCDs and SCD, Jan 2010 – ongoing)
- Improve counselor communication skills (Feb 2010 – ongoing)
- Hire persons who are deaf to work for VR (Commissioner, December 2010)
- Improve/Streamline intake process (Asst. Comm. of Client Services, June 2010)
- Improve vocational assessment; enhance the effectiveness of vocational evaluations to address the unique needs of clients who are deaf or hard of hearing (Assessment and Career Exploration Specialists – March 2010)
- Improve job placement; develop better job opportunities commensurate with client's skills, abilities, education, interests (RCDs - July 2010 - ongoing)
- Advocate for the client by educating the employer about deafness and deaf culture, communication access and accommodation. (RCDs – July 2010 – ongoing)

### **Goal #3 – Ensure appropriate services are delivered in a timely manner**

#### Objectives

- Improve counselor sign communication
- Improve vocational assessment process
- Improve positive feedback

#### Strategies

- Cross-training to include other VR staff (Jan 2011)
- Provide training to identify appropriate assessment tools and processes to effectively evaluate persons with hearing loss (Feb 17-18, 2010)
- Obtain feedback from deaf community (Jan 2010 – ongoing)

- Improve staff coverage (July 2010)
- Monitoring to ensure technology is working and is being used (Jan 2010 – ongoing)

**Goal #4 – Develop services that will produce diverse employment opportunities for individuals who are Deaf and hard of hearing**

Objective

- Improve job development and placement services

Strategies

- Effective vocational evaluation and assessment strategies to address the unique needs of persons who are deaf or hard of hearing (July 2010 - ongoing)
- Encourage use of post-secondary job placement services (Jan 2010 – ongoing)
- Participate in career fairs, employment expos or other opportunities to educate employers on hiring individuals who are deaf or hard of hearing (Dec 2010)
- Identify existing programs in other states with an established history of success to use as models (July 2010)

**Potential Obstacles** include limited number of training rehabilitation programs to provide this type of training (Masters in Rehabilitation Counseling with an emphasis on deafness) and subsequently a limited pool of prospective hires, limited training and professional development opportunities, limited or lack of funding, employment opportunities (jobless rate) contingent upon a struggling economy, recruitment of deaf hires contingent upon competitive salary offers.

**Potential Resources** include grant funding, collaboration with other state government agencies and community organizations who serve the deaf and hard of

hearing, similar out of state programs with grant funding, community resources such as volunteers from the deaf community.

**Communication with key Stakeholders** will be accomplished through a report that will be presented to the SC Association of the Deaf at the annual meeting.

**Integration into Standard Operating Procedure** will be reflected in the RCD's EPMS (Employee Performance Management System).

**Accountability** will be reflected in continuous monitoring of goals and results reported to the agency's executive staff (CORE - Council on Rehabilitation Excellence) by the SCD quarterly.

## GLOSSARY

**911 Data** – SCVRD's internal database

**(ASL) - American Sign Language** is the language of the deaf

**CapTel – Captioned Telephone** enables the hearing impaired user to speak and listen to the caller, while reading the captioned conversation. It displays every word the caller says.

**(RCD) Rehabilitation Counselor for the Deaf** – This person is typically responsible for providing rehabilitation services to all consumers with hearing loss regardless of their communication mode or unique needs. (MSP, p. 39)

**(SCD) State Coordinator for Deaf & Hard of Hearing Services** – the individual

whose sole responsibility and authority is to plan, develop and implement structured identifiable programming of rehabilitation services for persons who are deaf, hard of hearing or late deafened. (MSP, p.35)

**(SCVRD) South Carolina Vocational Rehabilitation Department** – a public rehabilitation program whose mission is to assist eligible South Carolinians with disabilities to prepare for, achieve, and maintain competitive employment.

**TTY – TeleTypewriter** – a typewriter-like device (or computer software) that enables persons who are deaf to communicate by phone using teletext.

**VRS – Video Relay Service** – is a videotelecommunication service that allows deaf and hard of hearing individuals to communicate with hearing people or with other hearing impaired individuals using an American Sign Language interpreter/ relay operator over a videophone.

**VRI – Video Remote Interpreting** – is a method of communication that utilizes a videophone and a sign language interpreter who is located in a remote site.

**Videophone** – technology that consists of a TV monitor and a webcam, used primarily to communicate with persons who are deaf and prefer to communicate via American Sign Language.

**Deafness, Primary Communication Visual (Category 03)** – Persons identified as deaf, who rely upon sign language as their primary communication strategy. The person must rely on visual communication such as sign language interpreters,



writing, text technology, speech reading, and video relay for telecommunication as well as captioning for access to media.

**Deafness, Primary Communication Auditory (Category 04)** – Persons who do not primarily rely upon sign language for communication. This group includes individuals with adult onset hearing loss (referred to as late deafened) which occurred after the normal acquisition and development of speech and language.

**Hearing Loss, Primary Communication Visual (Category 05)** – Persons who are audiologically hard of hearing and utilize visions for communication. Persons include those with a hearing impairment resulting in a functional loss, but not to the extent that the individual must depend primarily upon visual communication.

**Hearing Loss, Primary Communication Auditory (Category 06)** – Persons who have lost some of their hearing ability but are able to communicate with others – most often through speech and hearing, with or without hearing technology.

**Other Hearing Impairments (Category 07)** – Persons who, for the most part, have hearing impairment that may not impact their ability to communicate in most situations. (University of Arkansas RRTC/CSAVR Committee, Model State Plan for Vocational Rehabilitation Services to Persons who are Deaf, Deaf-Blind, Hard of Hearing, or Late Deafened 2008, p. 4, 5, 6)

## **APPENDICES**

<b>Appendix A</b>	<b>Analysis of 911 Data</b>
<b>Appendix B</b>	<b>Analysis of Counselor Accessibility</b>
<b>Appendix C</b>	<b>Analysis of Office Accessibility</b>
<b>Appendix D</b>	<b>Individual Case Analysis</b>
<b>Appendix E</b>	<b>Analysis of Policy, Interpretation, and Practice</b>
<b>Appendix F</b>	<b>Staff Interviews</b>
<b>Appendix G</b>	<b>Consumer Input</b>

## **APPENDIX A**

*D.S. Code 07 - Counselor Assignment*

Name	Current OrgCode	Current Caseload	PrimDisability	SecDisability	Counselor Name
1001 Count	1001	710	0713	0000	
		1			
1101 Count	1101	073	0700	0000	
		1			
1103 Count	1103	327	0700	1000	
		1			
	1201	037	0700	0000	
	1201	037	0700	0000	
1201 Count		2			
1301 Count	1301	225	0700	0000	
		1			
	1401	045	0700	1001	
	1401	045	0700	0200	
1401 Count		2			
	1701	036	0730	1815	
	1701	246	0700	0000	
1701 Count		2			
1801 Count	1801	067	0700	0000	
		1			
2001 Count	2001	078	0730	1915	
		1			
2101 Count	2101	106	0730	1630	
		1			
2201 Count	2201	056	0713	0000	
		1			
2301 Count	2301	289	0700	0000	
		1			
2703 Count	2703	251	0700	0630	
		1			
	2801	193	0700	0000	
	2801	193	0700	1833	
2801 Count		2			
3001 Count	3001	081	0730	1301	
		1			
Grand Count		19			

*225/20%  
Total by g.c.  
11/19*

*a/ 47% gen. count*

## **APPENDIX B**

## MODEL STATE PLAN

### **ANALYSIS OF CURRENT COUNSELOR ASSIGNMENTS**

Rehabilitation Counselors for the Deaf (RCDs) are currently serving deaf, hard of hearing, and late deafened consumers. There are 17 Rehabilitation Counselors for the Deaf (one in each area office) and one Employment Coach for the Deaf (Spartanburg) serving consumers who have hearing loss in South Carolina. They are located in the following areas:

Aiken Area Office

Anderson Area Office

Beaufort Area Office

Berkeley-Dorchester Area Office

Camden Area Office

Charleston Area Office

Conway Area Office

Florence Area Office

Greenville Area Office

Greenwood Area Office

Laurens Area Office

Lexington Area Office

Marlboro Area Office

Orangeburg Area Office

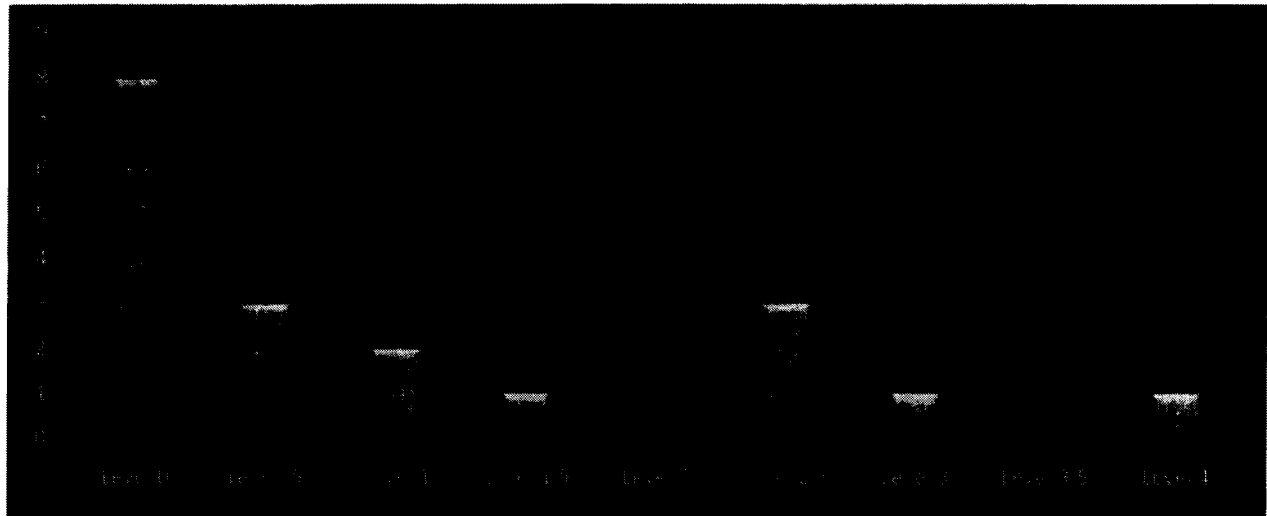
Rock Hill area Office

Spartanburg Area Office

Sumter Area Office

Walterboro Area Office

## VR Counselor's ASL Communication Level



Counselor	Communication Level
Counselor 1	0
Counselor 2	0.5
Counselor 3	0
Counselor 4	0
Counselor 5	1
Counselor 6	0
Counselor 7	0.5
Counselor 8	1.5
Counselor 9	2.5
Counselor 10	0
Counselor 11	0
Counselor 12	0.5
Counselor 13	2.5
Counselor 14	0
Counselor 15	2.5
Counselor 16	4
Counselor 17	3
Counselor 18	1
Counselor 19	0

## **Vocational Rehabilitation**

**Evaluation Model** for measuring the language skills and Tech knowledge of the RCDS in South Carolina

**By Tina Stevens and MeLinda Osburn**

<b>Level 0</b>	<b>No functional Communicational skills</b>  Will need interpreter for all aspects of the case
<b>Level 1</b>	<b>Basic Communication skills</b>  May be able to sign some basic questions slowly  Can understand short single responses with repetition  Basic signs, fingerspelling, single sentence phrase, repetition needed  Needs interpreter for job related, medical, or counseling sessions
<b>Level 2</b>	<b>Communication skills</b>  Can sign Basic Survey questions and later, updated information  Can understand most answers with slow movements and repetition  Simple signs, fingerspelling, 2-3 sentence phrases, repetition needed  Needs interpreter for job related, medical, or counseling sessions
<b>Level 3</b>	<b>Communication skills</b>  Can give and receive information pretty comfortably  Easy conversation about social issues, work topics, interests...etc.  May need interpreter for counseling, medical, or work related issues
<b>Level 4</b>	<b>Fluent in ASL and Sign English</b>  <b>Tech Questions about hearing aids, WiFi, loops, pagers ...etc. (Basic, some knowledge and good knowledge.)</b>



**Survey Interview of Rehabilitation Counselors for the Deaf  
Knowledge of Assistive Technology**

**(A Self-Assessment)**

What kind of devices are used for accommodation by persons who are Deaf or Hard of Hearing?

What is your assessment of your knowledge of assistive technology equipment for the hearing impaired population?

What do you know about the different kinds of hearing aids?

What kinds of devices have you had to become familiar with in serving the following populations?

- Deaf students
- Working Deaf Adults
- Non-working Deaf Adults
- Hard of Hearing clients

Do you know what a TTY is and how to use it?

Do you know what relay service is and how to use it?

Do you know the uses of a videophone?

### **Basic Knowledge of Assistive Technology**

Knows there are different types of hearing aids but may not understand the differences between them. Knows names of different types of available technology such as FM systems, Infrared Loops, etc but may not know what the item is specifically used for, where to purchase it, cost, etc.

### **Some Knowledge of Assistive Technology**

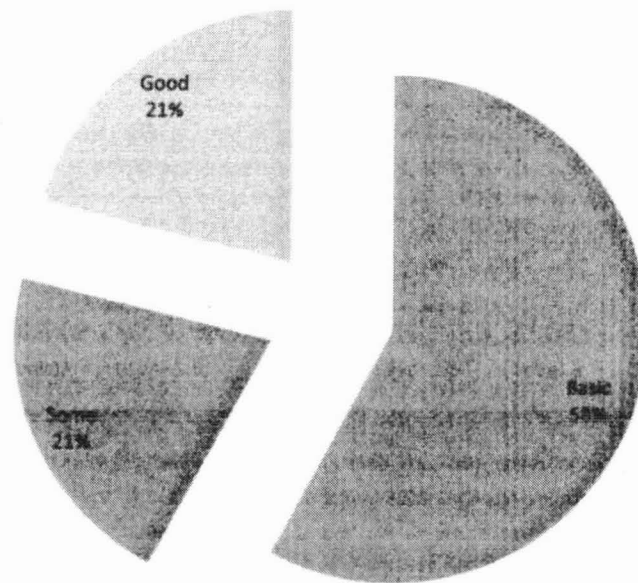
Knows some of the differences between the different types of hearing aids and can communicate this to the client. Can give a general explanation about different types of technology and their uses and knows where to find more information to give to the client.

### **Good Knowledge of Assistive Technology**

Knows the difference between types of hearing aids, has knowledge of different aspects of the aids such as T-Coils, knows about correct use and proper care and can explain this to the client.

Can discuss with the client about the different types of available technology, uses, can help educate the client about which type may work best for him/her, can discuss pros and cons, etc.

## VR Counselor's Assistive Technology Knowledge



### Knowledge

Basic  
Some  
Good

### Group total

11  
4  
4

## **APPENDIX C**

# Model State Plan Office Accessibility Survey Results

A survey was conducted on office accessibility. The survey was distributed via Survey Gold to all RCD's within SC Vocational Rehabilitation Department. Of the 19 distributed, 15 were completed and returned. It provided a quick look at our knowledge of rules of communication, equipment usage, interpreter services etc. Areas in which we were trying to gain knowledge were as follows:

- Do you know where to find a list of VR approved interpreters?
- Is it necessary to have an interpreter present for the initial interview?
- Is it okay for the counselor and interpreter to talk freely about the client since the client cannot hear?
- Is it acceptable to have a family member interpret for a client who is deaf?
- If a deaf person has a hearing aid or they can speak, do they need an interpreter?

## SURVEY RESULTS

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1. Is it important to consider the set up of the room when working with an interpreter? 100% YES
2. Is it helpful to raise your voice in order for a deaf or hard of hearing person to understand you?  
66.67% NO      33.33% YES
3. Is your telephone equipped with a TTY? 53.33% NO      46.67% YES
4. Is your VRS accessible and in operation? 100% YES
5. Does your telephone have an amplifier? 86.67% NO      13.33% YES

6. Other than the RCD, does office staff know how to use available technology? 33.33% NO  
66.67% YES
7. Are interview and counseling rooms well lit? 6.67% NO 93.33% YES
8. Are interview and meeting rooms free from background noises or distractions? 13.33% NO  
86.67% YES
9. Is furniture moveable to facilitate the best communication environment? 6.67% NO  
93.33% YES
10. Do you know where to find a list of VR approved interpreters? 100% YES
11. Is it necessary to have an interpreter present for the initial interview? 13.33% NO 86.67% YES
12. Is it okay for the counselor and interpreter to talk freely about the client since the client cannot hear? 100% NO
13. Is it acceptable to have a family member interpreter for a client who is deaf? 100% NO
14. If a deaf person has a hearing aid or they can speak, do they need an interpreter? 6.67% NO  
93.33% YES

The results were received and calculated. It was concluded that the majority of the offices are equipped with the needed materials/equipment and they are working properly. Recommendations for those that are not were to report to IT any problems. For communication concerns where there was not 100% it was recommended that those RCD's be given training such as online classes, OTD, etc.

## **APPENDIX D**

## TARGETED CASE REVIEW

One case from disability codes 03, 04, and 06 was randomly selected from 2008-2009 cases identified through STARS from each area.

**TARGETED CASE REVIEW**

	03 Deafness	04 Deafness	06 Hearing Loss
03 Deafness	15	12	17
04 Deafness	4	6	3
06 Hearing Loss	0	0	0

### Question 1

Did counselors gather sufficient information to code cases consistently and to ensure that data retrieval is meaningful? (Information at referral, contact numbers, mode of communication, referral source.)

Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 15	Yes 12	Yes 17
No 4	No 6	No 3
N/A 0	N/A 0	N/A 0

### Question 2

Were other disabilities identified and addressed?

Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 3	Yes 7	Yes 1
No 0	No 1	No 3
N/A 16	N/A 10	N/A 16

N/A = no other disability identified

### Question 3

Were all services provided according to the client's needs?

Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 19	Yes 16	Yes 19
No 0	No 2	No 1
N/A 0	N/A 0	N/A 0

### Question 4

Were the clients' total employment situation and needs assessed and addressed?

Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 11	Yes 12	Yes 14
No 1	No 3	No 1
N/A 7	N/A 3	N/A 5

N/A = unable to determine from computer review



**Question 5**

Were the clients' receptive communication skills assessed and accommodated?

Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 17	Yes 13	Yes 18
No 2	No 5	No 2
N/A 0	N/A 0	N/A 0

**Question 6**

Were the clients' ability to benefit from the use of assistive technology assessed and addressed?

Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 10	Yes 9	Yes 15
No 6	No 8	No 5
N/A 3	N/A 1	N/A 0

N/A = unable to determine from computer review

**Question 7**

Were the clients' ability to cope with stressors related to the hearing loss assessed and dealt with?

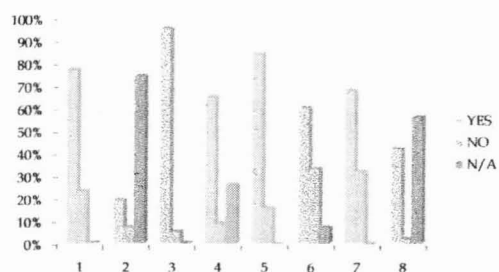
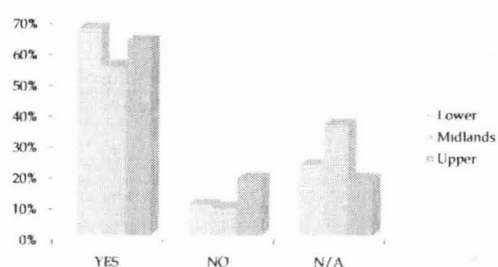
Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 13	Yes 11	Yes 15
No 6	No 7	No 5
N/A 0	N/A 0	N/A 0

**Question 8**

Are the IPE services and employment goals consistent with the outcome achieved?

Code 03 Deafness	Code 04 Deafness	Code 06 Hearing Loss
Yes 5	Yes 10	Yes 9
No 0	No 1	No 0
N/A 14	N/A 7	N/A 11

\*N/A = case has not been closed

**Summary  
(State Totals)****Summary For Code 03  
(By Region)**

# TARGETED CASE REVIEW

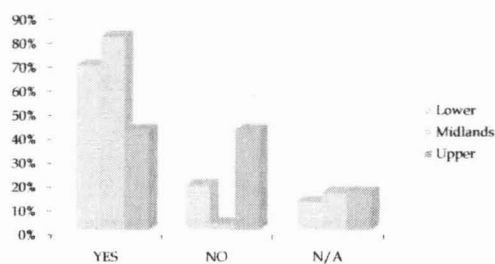
	03 Deafness (Visual)								04 Deafness (Auditory)								06 Hearing Loss (Auditory)							
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
1001 Aiken	y	n/a	y	y	y	y	y	y	n	n/a	y	n	n	n	n	y	y	n/a	y	y	y	y	y	y
1101 Anderson	n	n/a	y	n	n	n	n	n/a	n	n/a	y	y	n	n	n	y	y	n/a	y	y	y	n	n	y
1201 Charleston	y	n/a	y	y	y	y	y	n/a	y	y	y	y	y	y	y	n/a	y	n/a	y	y	y	y	y	y
1201 Charleston	y	n/a	y	y	y	y	y	y																
1301 Lexington	y	y	y	n/a	y	n/a	n	n/a	y	n/a	y	n/a	y	y	y	y	y	n/a	y	y	y	y	y	y
1401 Conway	n	n/a	y	y	y	y	y	n/a	y	y	y	y	y	y	y	y	y	n	n	y	y	y	y	n/a
1501 Florence	y	n/a	y	y	n	n	y	n/a	y	n/a	y	y	y	y	y	n/a	y	n/a	y	y	n	y	y	n/a
1701 Greenville	n	n/a	y	y	y	n	n	n/a	n	n/a	y	y	y	n	n	y	n	n/a	y	n	n	n	n	y
1801 Greenwood	y	n/a	y	y	y	y	y	y	n	n/a	y	n	n	n	n	y	n	n/a	y	y	y	n	y	y
2001 Orangeburg	y	n/a	y	n/a	y	n/a	n	n/a									y	n/a	y	n/a	y	y	n	n/a
2001 Orangeburg	y	n/a	y	n/a	y	y	n	n/a																
2100 Rock Hill	y	y	y	n/a	y	n	n	n/a	y	y	y	n/a	y	y	y	y	y	n/a	y	n/a	y	y	n	n/a
2201 Spartanburg	y	n/a	y	y	y	n/a	y	y	y	n/a	y	y	n	n	n	y	n	n/a	y	y	y	n	y	y
2301 Sumter	y	n/a	y	n/a	y	y	y	n/a	y	y	y	y	y	y	y	y	y	y	y	n/a	y	y	y	y
2401 Walterboro									n	y	y	y	y	y	y	n/a	y	n/a	y	y	y	y	y	n/a
2601 Laurens	y	n/a	y	y	y	n	y	y	y	n/a	y	y	y	n/a	y	n/a	y	n/a	y	y	y	n	y	n/a
2701 Marlboro	y	n/a	y	y	y	n	y	n/a	y	n/a	y	y	y	n	y	n/a	y	n	y	y	y	y	y	n/a
2801 Camden	y	y	y	n/a	y	y	y	n/a									y	n/a	y	y	y	y	y	n/a
2801 Camden																	y	n/a	y	n/a	y	y	y	y
3001 Beaufort									n	y	n	y	n	n	n	y	y	n	y	y	y	y	y	n/a
3001 Beaufort									y	n/a	y	y	y	y	y	n/a								
3201 Berk/Dor	n	n/a	y	y	y	y	y	n/a	y	y	n	n	y	n	n	n	y	n/a	y	y	y	y	y	n/a
3301 Richland	y	n/a	y	n/a	y	y	y	n/a	y	n	y	n/a	y	y	y	n/a	y	n/a	y	n/a	y	y	n	n/a

Lower State

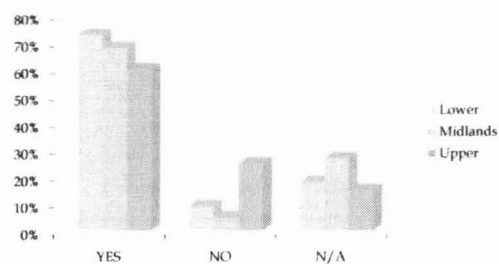
Midlands

Upper State

### Summary For Code 04 (By Region)



### Summary For Code 06 (By Region)



### General Comments For Upper Region

- ❑ Without access to records and audiograms, it was not always clear if coding was correct
- ❑ Only three of the eighteen cases reviewed had vision assessed (two in status 02, one in status 12)
- ❑ Five of the six Code 03s were SSI/SSDI
- ❑ One 04 was SSI/SSDI
- ❑ Four of the eighteen were directly placed on a job
- ❑ Six of the eighteen were JRS cases
- ❑ Fifteen of the cases were "A" (first time case); two were "B"; one was "F"

### Recommendations

- ❑ Disability should be addressed more in guidance and counseling – not just "making adjustment to hearing aids"
- ❑ Involve ACES to provide an in depth vocational assessment
- ❑ Training for staff on the appropriate coding (differences between the sensory communicative impairments codes)
- ❑ Follow policy for vision exams prior to determining eligibility
- ❑ Training for staff on utilization of Rehab Technology Department for assistive technology devices
- ❑ Ensure that appropriate data is included in general impressions to clearly state mode of communication (both receptive and expressive) so correct coding can be ensured

## **APPENDIX E**

## MODEL STATE PLAN

### Analysis of Policy, Interpretation, and Practice

Policies and interpretation are established by the State Office and implemented through training and availability of consulting services as needed. Practice of these policies are monitored and reinforced through our Central Compliance System which looks at Case Service Policy and determines how we are implementing it.

#### Staff and Vendor Sign Language Competency Assessment System –

- SCVRD policy does not require a sign language competency assessment system or proficiency requirement for staff. Policy does require that sign language vendors be either certified (by RID) or qualified. “Qualified” is not defined nor does it equate with an assessment system or set of requirements. The term “qualified” is based on the vendor’s successful completion of sign language classes, work experience, and recommendation or endorsement of certified interpreters who are familiar with and observed the individual’s sign language skills and abilities in an actual interpreting setting.
- SCVRD’s audiologic and hearing aid policies and fees are outlined in the case service policy manual. Policy requires applicants with hearing loss to be evaluated by a licensed audiologist. Hearing aids are purchased based on a fee schedule and includes accessories, warranties and follow up. Policy does not establish fees for hearing aid repairs or assistive listening devices.
- SCVRD policies and fees do not include CART or C-Print. Subsequently, this service is not being provided.
- SCVRD policy and fees do not address cochlear implants specifically. Case service policy states that VR does not do implant surgery. Cochlear implants are usually funded by comparable benefits such as Medicaid/Medicare or other insurance/third-party provider. VR will, however, provide post-operative services which might include purchase of the sound processor, if needed, mapping and/or aural therapy if comparable benefits do not cover these services.
- Policy does not address or establish requirements regarding training or other means of ensuring consistency among counselors. However, extensive and continuous training is required and provided all rehabilitation counselors who express an interest in working with and accept a deaf and hard of hearing caseload. Training includes new counselor orientation to deaf and hard of hearing, shadowing experience at the SC School for the Deaf, online courses, 4-week emersion in Audiology, Deafness, Deaf culture, Psycho-Social Aspects of Deafness, Vocational Assessment of the Deaf, and American Sign Language, Southeast Regional Institute on Deafness, PEPNet, and courses offered through the University of South Carolina.

- Policy does not address cooperative agreements with higher education for provision of interpreters, CART, C-Print, and counselors. While it is not written in policy, SCVRD procedures do provide for entering into cooperative agreements with institutions of higher learning, which includes collaborative funding for interpreters, purchase of assistive listening devices, and use of note-takers.

## 3 Special Guidance

### 3.1 Deaf and Hard-of-Hearing Evaluation and Services

#### 3.1.1 Philosophy

##### 3.1.1.1 Deafness

A deaf person is one whose hearing impairment is of such severity that the individual must use a communication system based on visual communication, such as reading, writing, speech reading, manual communication or American Sign Language. When working with a person who is deaf, the deaf culture must be considered. The American Deaf Community uses American Sign Language as their language. Persons who are deaf do not always define themselves as “deaf” by the degree of hearing loss, instead they focus on the individuals themselves and what communication method they prefer to use along with other behavioral and cultural values and norms.

##### 3.1.1.2 Hard-of-Hearing

A person who is hard-of-hearing has a hearing loss, which makes it difficult, not impossible, for him/her to understand speech and language with or without the use of hearing aids. These individuals may or may not use American Sign Language, but generally feel more comfortable within the hearing community.

#### 3.1.2 Guidelines and definitions

**Accident, injury or poisoning** – A traumatic cause of hearing loss, including noise-induced loss. This cause would encompass, but not be limited to, ototoxic agents.

**Cochlear implant**—a surgically implantable device that provides hearing sensation to individuals with severe-to-profound hearing loss who do not benefit from hearing aids (*see CSP 2.3.9*).

**Conductive hearing loss** – An occlusion of the external ear or a malfunction of the middle ear generally found with a normally functioning inner ear. This condition usually can be corrected or treated medically or surgically.

**Congenital condition** – A hearing loss that is known or is assumed to have been present at birth. Examples would include, but not be limited to, maternal rubella or hemolytic disease of the newborn.

**Deafness** – A hearing impairment of such severity that the individual must use a communication system based on visual communication, such as reading, writing, speech reading, manual communication or American Sign Language.

**Degenerative or infectious disease** – A cause of hearing loss that would include, but not be limited to, meningitis, scarlet fever and diphtheria. (NOTE: A condition present at birth that does not result in a hearing loss until later in life is, for reporting purposes, caused by “degenerative or infectious disease.”)

**Hard-of-hearing** – A hearing impairment resulting in a functional loss, but not to the extent that the individual is limited to visual communication.

**Neuro-sensory hearing loss** – A dysfunction of the inner ear or the auditory nerve or a combination of the two in the presence of a normally functioning middle ear. There are no medical corrections for this condition.

**Post-vocational hearing impairment** – A hearing loss that is known or is assumed to have occurred on or after the 19th birthday.

**Pre-lingual hearing impairment** – An impairment that is known or is assumed to have occurred before the third birthday.

**Pre-vocational hearing impairment** – An impairment that is known or is assumed to have occurred after the third birthday but before the 19th birthday.

**Significantly disabled hard of hearing** – A person who is hard of hearing is considered to be significantly disabled if any one of the following situations applies:

- At least a 55 dB loss, unaided, speech reception threshold (SRT) in the more useful ear or at least a 55 dB loss, unaided, pure tone average (PTA) in the more useful ear if a speech audiometric assessment is unavailable. SRT is the softest level of sound at which a client can correctly respond to at least 50 percent of a list of bi-syllabic words. PTA is determined for each ear by computing the average of the pure tone thresholds at 500 Hz, 1000 Hz and 2000 Hz.
- Between 30-54 dB loss, unaided, SRT or PTA in the more useful ear with one of the following:
  - Speech discrimination less than 50 percent, or
  - A statement from a physician skilled in diseases of the ear indicating progressive hearing loss. Speech discrimination determined by phonetically balanced (PB) word list, administered at the maximum comfort level.

<b>General Hearing Loss Classifications Used by SCVRD</b>	
Normal	10 to 26 dB
Mild	27 to 40 dB
Moderate	41 to 55 dB
Moderately Severe	56 to 70 dB
Severe	71 to 90 dB
Profound	90+ dB

**Speech discrimination ability** – The individual's ability to hear and understand words through the auditory mechanism. Accurate assessment of the discrimination ability is vital in the total Vocational Rehabilitation program approach for deaf and hearing-impaired clients.



### 3.1.3 Types of hearing loss

The type of hearing loss indicates the nature and extent of rehabilitation services that may be necessary.

- Conductive losses often suggest two alternatives:
  - Make the original sound louder with amplification, or
  - Correct the conductive disorder with medical treatment or otological surgery.
- Sensorineural deficits usually can be helped by amplification, if evaluated properly.
- A mixed loss will involve both conductive losses and sensorineural deficits. Speech and language intervention may be indicated.

### 3.1.4 Hearing loss evaluation

Evaluation of a hearing loss (SCVR Form 6E) that constitutes a vocational handicap should consider both the pure tone loss in the speech range (500-1000-2000 Hz) and the person's ability to understand speech. Some can hear pure tones and speech sounds, but due to a mixed or sensorineural loss are unable to understand what is said.

For this reason, speech audiometry not only is accepted as an integral part of the hearing evaluation but also is essential to the prediction of the outcome of any rehabilitative effort. Speech reception and speech discrimination scores will provide this information.

The following scale often is used as a general guide for identification of a hearing impairment that is an employment impediment in clients reporting a hearing loss of less than 40 dB (ISO) in the better ear.

<b>Speech Discrimination Scores</b>	
90-100%	normal limits
75-90%	slight difficulty, comparable to listening on the telephone
60-75%	moderate difficulty
50-60%	poor discrimination, marked difficulty in following conversation
Below 50%	very poor discrimination, probably unable to follow running speech

### 3.1.5 Establishing a hearing impairment as an employment impediment

A person who has normal hearing in one ear and a significant loss in the other may or may not have an employment impediment, depending on his/her particular circumstances and vocational goals. The degree of disability can be determined only by thorough assessment of eligibility and vocational rehabilitation services needs. When attempting to

establish a hearing impairment as a vocational impediment, the following should be considered:

- The client's current ability to function in society
- Communication levels, including speech
- Vocational objectives in keeping with abilities
- The client's assessment of effect of hearing impairment on vocational and social life

### **3.1.6 Assessment**

Subject to the availability and adequacy of existing information, the following protocol is used to evaluate deaf and hearing-impaired individuals:

**Audiological assessment** – a comprehensive evaluation, consisting of a series of tests that determine the type and extent of hearing loss and the ability to understand speech, is to be conducted by a licensed audiologist. If hearing aids are recommended, the audiologist is asked to identify a specific type of hearing aid on the Hearing Disability Report and to provide a comprehensive report to the counselor. The completed Hearing Disability Report is forwarded to a hearing aid dispenser. A hearing aid evaluation is then to be completed. When fitting the aid, the examiner should evaluate the ability to hear tones and understand speech. A recommendation will then be made based on the individual's pattern of hearing loss. **If a client is under 18 years of age, medical clearance for fitting an aid must be obtained from a physician.**

**Ear, nose and throat clinics** – a client should be referred to an ENT if the audiologist suspects disease or other problems.

### **3.1.7 Visual exams for the deaf and severely disabled hearing impaired**

Visual examinations are to be included as part of the diagnostic study for individuals who are identified as having a severe to profound bilateral hearing loss. This is defined as a hearing loss that is 70 – 110 decibels in both ears. The visual examination should be scheduled prior to eligibility being determined or the client being placed in a trial work experience or extended evaluation.

Visual evaluations are necessary to establish early diagnoses of conditions related to the onset of visual loss or blindness. If the results indicate a progressive condition (i.e. Retinitis Pigmentosa/Usher's Syndrome, Glaucoma, Optic Atrophy, Diabetic Retinopathy, Macular Degeneration, Stargardt's Disease), the case should be closed and the client referred to the S.C. Commission for the Blind. It is essential that comprehensive evaluation of visual functioning occur in all cases of deafness and severe hearing impairment because sight is essential for communication and comprehension.

### **3.1.8 Career Planning and Employment Services**

The procedure for evaluating the vocational and psychological characteristics for the deaf and hearing impaired are comparable to any other disability with the following considerations:

### **3.1.8.1 Communication skills**

A careful review of the client's communication skills should be made before recommendations from psychological and vocational results are issued. Communication ability does not necessarily indicate the intelligence of a deaf or hearing-impaired client.

### **3.1.8.2 Classes**

Special consideration should be given to written materials using the appropriate language and closed-captioned videos for use with class curriculums.

### **3.1.9 Telecommunications, sensory and other technological aids and devices**

Telecommunications refer to sensory and other technological aids and devices that have potential for assisting in training and employability of significantly disabled sensory-impaired clients. These systems must be clearly related to the client's vocational rehabilitation employment outcome. They include: hearing aids; telecommunication devices for the deaf; TV phone; Magstat and manual communications module (MCM); and attention-getting warning equipment, such as flashing lights, vibrators, buzzers and devices that enable laryngectomees and others with voice deficiencies to produce speech mechanically. A rehabilitation engineer may evaluate a worksite or potential worksite to determine if accommodations are needed to enhance job performance.

### **3.1.10 TDD description**

The Teletypewriter system allows deaf individuals to type their conversations over a regular telephone line. The only extra cost is installation and a service charge. Portable TDDs are lightweight and compact, enabling a person to make a call from a pay telephone. A listing of telecommunication equipment is available from Case Services.

#### **3.1.10.1 Guidelines for purchasing TDD equipment:**

- TDDs can be provided to eligible clients if the telecommunications system is a clearly defined component in helping the client reach his/her specific employment outcome. They also can be provided during a trial work experience or extended evaluation to determine eligibility.
- Economic need criteria apply in all cases.
- Deaf individuals who are not SCVRD clients are not eligible for TDD equipment.
- The client must be able to pay the normal monthly telephone cost.
- These devices can open many professional, scientific and managerial occupations to deaf persons. The use of the appropriate aid to facilitate training, placement and employment for the client is encouraged.

All purchases of telecommunication equipment will be forwarded to Case Services at the State Office for final review.

### 3.1.11 Hearing aids

**Hearing aids** – mechanical/electronic instruments that amplify sound. This technology does not correct hearing loss or prevent further hearing loss, but presents a sound more effectively to the individual's ear. A hearing aid can be used for one ear (monaural) or two complete hearing aids, one for each ear (binaural) can be used. Styles of hearing aids include, but are not limited to:

**Body aid** – an instrument with a larger microphone, amplifier, and power supply in a case that can be carried in a pocket and attached directly to the ear mold. The “body” aid is most suitable for people with severe to profound hearing loss.

**Eyeglass aid** – an instrument housed in an eyeglass frame worn behind or within the ear.

**Behind-the-ear aid (BTE)** –an instrument that fits snugly behind the ear. The microphone, amplifier and receiver are in one unit connected to the ear mold by a short plastic tube. This style of aid is suitable for hearing losses ranging from mild to severe. These devices may include Cros (contralateral routing of signals) and BiCros (bilateral contralateral routing of signals).

**In-the-ear (ITE)** – an instrument, which fits directly in the ear, with part of it extending into the ear canal. These aids have no external wires and are light in weight. This aid is effective for mild to severe hearing loss. These devices also include Cros and BiCros. This may also be referred to as in-the-canal (ITC).

**Completely-in-the-canal (CIC)** –this miniature in-the-ear aid inserts directly into the auditory canal and is suitable for mild to moderate hearing loss.

There are different types of hearing aids as well. These include:

**Analog** – this is the conventional type. It is defined by the way the signal is processed.

**Digital** – Depending on the hearing loss, these aids produce a clearer signal.

**Programmable** – the patient's audiogram is entered into a computer to custom fit the aid to the hearing loss. The program can be changed if the hearing loss changes, with the exception of profound hearing loss.

Hearing aids come in various circuits depending on the nature of the hearing loss. Circuits may be listed as Class A, Class B, Class D, for Class H or Digital circuits. These circuits may be combined with any number of other circuits such as noise reduction circuits. With the advancements in technology, some hearing aids are now programmable. It is especially important to the hearing specialist to know what the work environment will be like in order to adjust the hearing aid to the users' level of sound that will be needed in different frequencies.

When hearing aids are recommended, several issues need to be addressed.

- **Informed choice** – the client should have input regarding the need for and selection of hearing aids within VR allowable fee (*see Fees, Codes, and Procedures Policy, Section 3.3.1*) and should have a clear understanding that the purchase of hearing aids is directly related to an employment outcome.

- **Vocational Objective** – if the client is currently working, it is vital to demonstrate job jeopardy. If the client is not employed, it would be best to determine a suitable objective before getting fitted for hearing aids. The purchase of hearing aids should always be linked with an employment outcome.
- ***Fees outlined for hearing aids are included in the Fees, Codes, and Procedures Policy, Section 3.3.*** VR will not pay the approved amount and the client pay the remaining balance in instances where a client is choosing a hearing aid outside of what is recommended. Recommendations that would be considered exceptions to established policies, specific aids or fees may be granted by Case Services, in cases where additional justification so warrants. A copy of the manufacturer's invoice listing the actual cost of the aid and a justification for the particular aid will be required.

**Special eligibility and service considerations for referrals who are employed:**

- If it is the first hearing aid needed, proceed with eligibility determination. The full range of VR services to include counseling regarding the use of the aid(s) is to be provided. Comparable benefits must be explored with the client so they will be aware of resources available when future hearing aid(s) are needed.
- **Regardless of who purchased the aids, if this is the second hearing aid and a replacement aid only is needed, the applicant is not eligible for services and should seek other possible resources such as the Assistive Technology Loan Program and/or referral to other community resources..**
- If this is a second hearing aid, the applicant's situation has changed (the job has changed, hearing has changed significantly, etc.) and the applicant will require the full range of VR services in addition to the hearing aid purchase, then, the following requirements must be established:
  - With the approval of the Area Supervisor, forward the following documents to Case Services in status 02 or if in status 12 prior to amending the IPE for replacement hearing aid purchase:
    - a narrative explanation/justification memo
    - the diagnostic report(s)
    - SCVR Form 4B, Analysis of Financial Need
    - Comparative audiograms
    - SCVR Form 6E, Hearing Disability Report
    - The employer should be consulted and provide a letter regarding job jeopardy or safety issues. In the event disclosure of a disability would create job jeopardy with the employer, the applicant can provide a written statement outlining current vocational implications of the hearing loss and their plans to prepare for future hearing aid purchases.

- With the client's consent, the employer should be consulted and a rehab technology department referral provided if appropriate.
- Case Services will notify the Area Supervisor of its findings and stipulate that the assessment to determine eligibility be resumed and completed.
- If determined to be in conformance with case service policy on eligibility, the memo from Case Services will be forwarded to the Counselor, Employment Coach or CSC.
- Procurement request and SCVR Form 6E, Hearing Disability Report must be sent to Case Service Procurement Unit with a copy of the memo from Case Services.
- SCVR 6E Hearing Disability Report will accompany all procurement requests for hearing aids (first time aids and replacement aids).
- Topical reviews are to be completed periodically to assure compliance.

## 3 HEARING, SPEECH, AND LANGUAGE

### 3.1 Diagnostic and Therapeutic

#### 3.1.1 Audiological evaluations

<b>Audiological evaluations</b>	
Comprehensive audiological evaluation to include pure tone audiometry threshold—air & bone and speech audiometry threshold with speech discrimination & recognition	CPT92557*
Tympanogram (impedance testing)	CPT92567*
Acoustic reflex testing	CPT92568
Acoustic reflex decay test, if needed	CPT92569
Short increment sensitivity index (SISI)	CPT92564
Stenger test, pure tone	CPT92565
*Basic battery of tests authorized for an audiological evaluation.	

#### 3.1.2 Otolaryngological (ENT) evaluation

<b>Otolaryngological (ENT) evaluation</b>	
Initial office evaluation for gradual hearing loss, history & physical examination, with interpretation of complete audiogram, air bone, etc.	CPT99202

#### 3.1.3 Speech and language services

<b>Speech and language services</b>	
Consultation or evaluation of speech, language, voice communication, auditory processing, and/or aural rehabilitation status	CPT92506
Treatment of speech, language, voice, communication, and/or processing disorder (includes aural rehabilitation); <b>individual</b>	CPT92507
Treatment of speech, language, voice, communication, and/or processing disorder (includes aural rehabilitation); <b>group, two or more individuals</b>	CPT92508

### 3.1.4 Speech evaluation for children (from birth to attainment of age 3 or from age 4 and older)

<b>Speech evaluation for children (from birth to attainment of age 3 or from age 4 and older)</b>		
This evaluation will include a developmental history, oral-peripheral examination, comprehensive speech/language testing, and conclusions, which are submitted in a written report. Since this evaluation is only used by the Disability Determination Services and is a combination of services, a word code is to be used.	SPLNG	\$ 90.00*
<u>A foreign language evaluation</u> will include a developmental history, oral-peripheral examination, comprehensive speech/language testing, and conclusions, which are submitted in a written report. Since this evaluation is only used by the Disability Determination Services and is a combination of services, a word code is to be used.	FLSPLNG	\$135.00*

\*Except for the noted exemption, Medicare reimbursement rates will apply for the listed CPT codes.

## 3.2 Hearing and Hearing Aid Evaluation Protocol

After an applicant with a hearing impairment is referred or seeks services from SCVRD, the counselor obtains and reviews existing medical information supporting or substantiating the disability. The applicant is then referred to an audiologist for a comprehensive audiological evaluation (if this procedure has not already been done).

The audiologist completes and submits the *Hearing Disability Report* (SCVR Form 6E) along with a copy of the audiological evaluation report, including recommendations for referral to an ENT, if needed.

However, when a hearing aid vendor makes a referral to SCVRD, the vendor will submit a report with recommendations for the appropriate hearing aid(s) selected to accommodate the individual's specific hearing loss. If there is a conflict in what is recommended by the referring vendor versus what an audiologist recommends, the case should be reviewed by the SCVRD Director of Case Services.

**The Food and Drug Administration determined that it is in the best interest of individuals under 18 years of age to have a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid(s), however, adults may choose to waive the need for this medical evaluation.**



The matter of replacement hearing aids for individuals who are currently employed must be reviewed by Case Services prior to commitment (before inclusion on IPE or amendment) (see CSP 3.1.11)

Once the applicant is deemed eligible for vocational rehabilitation services, the counselor will proceed with recommendations. If a hearing aid purchase is indicated, the client will return to the referring hearing aid vendor. If the client is self-referral, the client will be referred to an "approved" hearing aid vendor of his/her choice. (An "approved" hearing aid vendor is defined as one who is licensed to fit and dispense hearing aids.) SCVRD, in keeping with our policy on "informed choice," will honor the client's right to select from the list of approved vendors.

### 3.3 Hearing Aid Procurement

#### 3.3.1 Conventional/traditional/digital aids (including accessories and dispensing fee)

When a hearing aid(s) is to be purchased for a client, use the word code "**HearingAid**" and the corresponding rate listed below.

<b>Conventional/traditional/digital aids (including accessories and dispensing fee)</b>		
Maximum Fee	One Aid	Binaural
In The Ear	\$ 700.00	\$1,250.00
Behind The Ear	\$ 750.00	\$1,350.00
Cros/Bi-Cros	\$1,100.00	\$1,100.00
In The Canal	\$ 800.00	\$1,450.00
Programmable BTE or ITE	\$ 900.00	\$1,650.00

If the vendor's charge for any recommended aid(s) (including accessories and dispensing fees) exceeds this fee schedule, prior approval from the SCVRD Director of Case Services is needed. A justification regarding extenuating circumstances from the standpoint of employment requirements and a copy of the manufacturer's invoice showing the actual cost to the vendor will be required. If approved, the manufacturer's invoice price plus a dispensing fee up to \$450.00 for one aid or up to \$750.00 for binaural fitting can be authorized, however, **the combination of the manufacturer's invoice price and the dispensing fee can be up to but not greater than the vendor's retail price.**

In the event the manufacturer's invoice showing the actual cost to the vendor cannot be obtained, the amount on the fee schedule applies.

Relative to replacement hearing aids for individuals who are currently employed, a copy of the memo from Case Services noting conformance with case service policy on eligibility must accompany the request for procurement (see CSP 3.1.11).

### **3.3.2 Dispenser's responsibilities regarding hearing aid(s)**

The dispenser will provide the following items/services with the instrument at no additional cost:

- Hearing aid with ear mold. \*
- One month's supply of batteries.
- Instruction to client in the proper care and use of the instrument.
- Manufacturer's warranty for material/workmanship for a minimum of one year from the delivery date.
- Accept return of an instrument within thirty (30) days of delivery to the client if the person prescribing the aid determines that the aid is unacceptable.
- 

\*In the event that an ear mold is broken and needs replacement, a new ear mold may be purchased at a fee of up to \$45.00.

### **3.3.3 Exception**

When a recommendation for binaural fitting involves two different aids (i.e., fitting the right ear with an in-the-ear hearing aid, and the left ear with a behind-the-ear hearing aid), refer to the fee schedule and reimburse for binaural fitting of the most expensive aid of the two. In the example given, the more expensive of the two is the behind-the-ear hearing aid. Therefore, the vendor should be reimbursed \$1,350.00. (The cost of the ear mold is already included in the fees above and is not to be assessed separately when purchasing new hearing aids.) If the final cost exceeds the allowed amount indicated in section 3.3.1, then the SCVRD Director of Case Services will review the case.

## **3.4 Interpreter Services for the Deaf**

Interpreter services are recognized as an integral part of providing vocational rehabilitation services to the deaf. SCVRD staff must be prudent in the provision of these services and must ensure client satisfaction.

### **3.4.1 Interpreter fees**

The following fees will be used by SCVRD with interpreters who are certified members of the national Registry of Interpreters for the Deaf (RID) and the South Carolina Registry of Interpreters for the Deaf (SCRID). Customary fees may be authorized and paid up to, but not to exceed, the rates mentioned in 3.4.1.1 and 3.4.1.2.

When it becomes difficult to secure an interpreter, the Client Services Consultant for the Deaf and Hard of Hearing Services should be contacted at (803) 896-6666 to aid in this process.

**3.4.1.1 Short-term assignments (Minimum two hour reimbursement per “call” at a rate up to but not to exceed \$55.00 per hour.)**

<b>Short-term assignments (Minimum two hour reimbursement per “call” at a rate up to but not to exceed \$55.00 per hour.)</b>	
Comprehensive Skills Certificate	CSC
Reverse Skills Certificate	RSC
Certificate of Interpretation	CI
Certificate of Transliteration	CT
Certificate of Interpretation & Transliteration	CI/CT
Oral Certificate	OC
Interpreting Certificate	IC
Transliteration Certificate	TC
Interpreting Certificate & Transliteration Certificate	IC/TC
Specialist Certificate-Legal	SCL: CSC
Specialist Certificate-Non-Legal	SCL: CSC

**3.4.1.2 Interpreters who are non-members of the national Registry of Interpreters for the Deaf or the South Carolina Registry of Interpreters for the Deaf**

When such interpreters are used, the fee will be based on a sliding schedule from \$25.00 to \$30.00 per hour. Information concerning the interpreter’s present credentials will be forwarded to the State Office from the field, and the appropriate fee will be determined and approved.

**3.4.2 Interpreter services required after hours**

In instances where interpreter services will be needed after regular work hours (5:00 PM or later), the interpreter will be paid time (\$55.00/hr) and ½ (\$27.50), for a total of \$82.50/hour.

**3.4.3 Cancellation policy**

It is essential to inquire whether the interpreter (or vendor) has service terms or conditions associated with the service delivery. This action is warranted, especially when it pertains to a cancellation policy. Some interpreters (or vendors) may require a cancellation notice of no less than two (2) business days prior to the scheduled time or else SCVRD could be billed for the entire amount of time scheduled. The second concern involves the interpreter’s travel expenses that could possibly be billed if the interpreter arrives at the assignment location before notification was received of the cancellation.

### 3.4.4 Travel reimbursement

Interpreters may bill for travel. Reimbursement will be based upon the **total miles (round trip) multiplied by the current state rate for mileage reimbursement**. Interpreters will not be reimbursed for travel time. When procuring for this cost, use the word code "TranspInterp."

### 3.4.5 Arrangements requiring prior approval

Fees for the following arrangements must be approved by the SCVRD Director of Case Services through the appropriate channels:

- Full day assignment (no more than five (5) hours actual interpreting time).
- Conferences or workshops of two (2) days or more.
- Contract interpreting (fifteen (15) hours or less per week on a regular basis).
- Full-time interpreting.

### 3.4.6 Interpreter use during post-secondary training

Interpreter use during post-secondary training		
At the beginning of each semester, SCVRD can authorize up to but not to exceed stated amount for interpreter services when a client has minimum full-time academic status (12 credit hours per semester).	Interp Deaf	\$3,000.00

- When the client is unable to take the minimum full-time (12 credit hours) per semester, the following formula is to be used to calculate the proration:
  - \$3,000.00 divided by 12 credit hrs. /sem = \$250.00 per credit hr.
  - When taking 9 credit hrs., multiply 9 credit hours times \$250.00 per credit hr.  
= \$2,250.00 of SCVRD assistance

## **APPENDIX F**

# **Model State Plan - Staff Survey Report**

**10/09/2009**

**Staffing:**

**The target group surveyed endorse an average of 82.23% in agreement from somewhat agree to strongly agree that the personnel designated to provide services for the Deaf and Hard of Hearing population is adequately staffed and those individuals are competent in the roles.**

**Comments for this section reflect a need for ongoing and increase training in Deaf Culture and American Sign Language.**

**Office Accessibility:**

**The target group surveyed endorses an average of 80.26% in agreement that their offices are accessible and accommodations are appropriately made for the Deaf and Hard of Hearing population.**

**Comments for this section suggest more emphasis should be placed on SCVRD outreach efforts to the Deaf and Hard of Hearing community.**

#### **Service Provision:**

**The survey responses reflect an average of 91.23% of respondents agree\$ that deaf and hard of hearing services are provided in a timely manner and with parity to other\$ disabilities served by SCVRD.**

**Comments highlights applauded the new central compliance system for taking a positive step in providing a uniform method of service delivery.**

#### **Staff Training Issues and Needs:**

**The target group surveyed endorse an average of 88.15% in agreement the staff designated to serve the Deaf and Hard of Hearing population is adequately trained.**

**Comments suggested more ASL training and a need for more assistive technology (alarms, TTYs, etc.) in place for clients.**

#### **Practices and Fees:**

**The survey responses reflect an average of 90.79% of the respondents is in agreement that are adequate and appropriate at this time.**



**Comments indicate that some are not aware of fee schedule which may point a need for more training in this area.**

**Policy:**

**The target group surveyed endorse an average of 88.15% in agreement that SCVRD policies are clear and are administered uniformly across the state.**

**Comments reflect that policies are aimed at preparing clients for the real world and also indicate that policies are in place to ensure fairness and parity.**

**Summary:**

**Input obtained revealed the overall perception of the respondents indicates sense of satisfaction with the treatment, services, parity and uniformity in administration of services for Deaf and Hard of Hearing Clients. One point that seems to permeates the comment sections of the survey was the need for more ASL training and it be extended to more staff than just the RCDs. Interpreting services were mentioned, as were assistive technology devices, but the vast majority of comments were directed toward the improvement of ASL skills and Deaf cultural related topics.**

## **APPENDIX G**

## MODEL STATE PLAN

### CONSUMER INPUT

Input from the Deaf and Hard of Hearing community was obtained through surveying clients with hearing loss who have received VR services, town hall meetings which included consumer focus groups such as the South Carolina Chapters of the Association of the Deaf, and other stakeholders including agencies providing services to the Deaf and Hard of Hearing community. The results are as follows:

(List the items on the survey.)

Consumers with hearing loss ranked their overall satisfaction with VR services at 97.5%.

Opportunities for improvement include the following:

- **Streamline the processes to be more efficient.** I.e., Why is it necessary to send a deaf person for a hearing evaluation when they've been deaf all of their life and whose primary mode of communication is ASL?
- **If a counselor is out sick, have another counselor to sub so that clients know what's going on and continue to receive services.**
- **VR Counselors need to be able communicate effectively/proficiently in the language of the Deaf – ASL**
- **VR Counselors need to take ongoing ASL classes**
- **VR Counselors need to be involved in the Deaf community to understand their concerns, to understand Deaf culture, and to communicate.** i.e. attend and participate in activities such as Silent Dinners, meetings, etc.
- **Give Deaf more employment options to match their skills that don't require using the phone.** (Not just cook or dishwasher)
- **Provide better employment opportunities that include benefits.**
- **Have a Job Fair and provide an interpreter.**
- **Advertise the job fair in the Deaf community and indicate an interpreter will be available.**
- **Have a Deaf Job Fair.**

- **Educate Hearing People about Deaf culture, communication.**
- **Participate in Deaf Awareness Week. This may include attending Deaf Awareness activities in the community or hosting an activity, i.e. lunch & learn with VR staff, have Deaf and employers come and tour VR facilities, etc.**
- **Educate Employers about Deafness, Deaf Culture, Communication.**
- **VR to use certified interpreters**
- **Work with SCRID (SC Registry of Interpreters for the Deaf) to help recruit more interpreters to South Carolina**

# STATE OFFICE CUSTOMER SERVICE SURVEY

1st QTR - July - September 2009

**Survey Participants Include:  
State Office Staff**

		Administrative & Legal Support	Area Operations & Development Services	Client Services	Client & Community Relations	Finance & Budgets	Human Resources	Human Resource Development	Information Technology	Internal Audits	Planning & Program Development	Procurement & Facilities Management	Program Evaluation	Public Information
1)	My phone calls and/or emails are answered promptly, with courtesy and respect. My communications are returned in a reasonable period of time.	4	3	3	4	3	4	3	3	4	3	4	4	4
2)	The Work Unit staff convey competence in handling my concerns and follow up on my requests in a timely manner.	4	3	3	4	4	4	3	4	4	3	4	4	4
3)	The correspondence from the Work Unit is clear, concise and understandable.	4	4	3	4	4	4	4	4	4	3	4	4	4
4)	The employees of the Unit display a professional image.	4	3	3	4	4	4	4	3	3	3	4	4	4
5)	I am made to feel welcome when I am doing business with the Unit.	4	3	3	4	4	4	4	4	4	3	4	4	4
6)	The employees of the Unit display a team attitude.	4	3	3	4	4	4	3	4	4	3	4	4	4

Please respond to each question rating the response from 4 to 1 in that department's column.

**IF YOU HAVE NO INTERACTION WITH A GROUP, PLEASE LEAVE THE BOX BLANK**

**Strongly Agree = 4**  
**Agree = 3**  
**Disagree = 2    Comment requested**  
**Strongly Disagree = 1    Comment requested**  
**Not Applicable/Don't Know = Leave Blank**

# STATE OFFICE CUSTOMER SERVICE SURVEY

## COMMENT SECTION

<b>Administrative &amp; Legal Support</b>	
<b>Area Operations &amp; Development Services</b>	
<b>Client Services</b>	
<b>Client &amp; Community Relations</b>	
<b>Finance &amp; Budgets</b>	
<b>Human Resources</b>	
<b>Human Resource Development</b>	
<b>Information Technology</b>	The person on the Help Desk is the voice of the the IT dept. Speaking at a normal rate so as to be understood and conveying a pleasant attitude would be helpful.
<b>Internal Audits</b>	
<b>Planning &amp; Program Development</b>	
<b>Procurement &amp; Facilities Management</b>	
<b>Program Evaluation</b>	
<b>Public Information</b>	

Please enter any comments you wish to include about each department.  
If you have no or little interaction with this department or have no comments, please leave that field blank.